# **ASCO 2007 Clinical Practice Guideline Update on the Role of Bisphosphonates in Multiple Myeloma: Guideline Summary**

### **Context**

ASCO convened an update committee, composed of members of the original expert panel, to review and update the 2002 recommendations for the role of bisphosphonates in multiple myeloma (J Clin Oncol 25:2464-2472, 2007). The update committee expanded the scope of the guideline to include recommendations concerning the association of osteonecrosis of the jaw and bisphosphonate therapy. The update committee performed an updated literature review and analysis of data published from 2002 to 2007.

### **Updated 2007 Recommendations**

The 2007 update addresses indications for using bisphosphonates in multiple myeloma, including patients with lytic disease, osteneopenia, solitary plasmacytoma, monoclonal gammopathy, and osteonecrosis of the jaw. In addition, recommendations cover monitoring, therapy duration, biochemical markers, and pain control. See Table A1 (online only) for a complete summary of the updated 2007 recommendations.

## Methodology and Results

The literature search conducted for the 2007 update identified several relevant reports, including two articles reporting the results of randomized clinical trials, one clinical practice guideline, one consensus statement, and two systematic reviews of the literature. These reviews analyzed the role of bisphosphonates in metastatic disease and the role of bisphosphonates in the relief of pain secondary to bone metastases. The results of the two randomized clinical trials and the two systematic reviews are summarized and discussed in detail within the guideline. The update committee used an evidence-based approach incorporating consensus by experts as the model to inform the guideline recommendations.

#### **Additional Resources**

The full-text version of the guideline was published in the June 10, 2007, issue of the Journal of Clinical Oncology (http://www.jco.org). Additional resources including a patient guide and summary slide set can be accessed at http://www. asco.org/guidelines/bisphosmyeloma. The patient guide for

### References

1. Zervas K, Verrou E, Teleioudis Z, et al: Incidence, risk factors and management of osteonecrosis of the jaw in patients with multiple myeloma: A single-centre experience in 303 patients. Br J Haematol 134:620-623, 2006

It is important to realize that many management questions have not been comprehensively addressed in randomized trials, and guidelines cannot always account for individual variation among patients. A guideline is not intended to supplant physician judgment with respect to particular patients or special clinical situations and cannot be considered inclusive of all proper methods of care or exclusive of other treatments reasonably directed at obtaining the same results.

Accordingly, ASCO considers adherence to this guideline to be voluntary, with ultimate determination regarding its application to be made by the physician in light of each patient's individual circumstances. In addition, the guideline describes administration of therapies in clinical practice; it cannot be assumed to apply to interventions performed in the context of clinical trials, given that clinical studies are designed to test innovative and novel therapies in a disease and setting for which better therapy is needed. Because guideline development involves a review and synthesis of the latest literature, a practice guideline also serves to identify important questions for further research and those settings in which investigational therapy should be considered.

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the role of bisphosphonates in multiple myeloma is also available on the People Living With Cancer Web site at http:// www.plwc.org/patientguides.

The ASCO Clinical Practice Guideline 2007 Update on the Role of Bisphosphonates in Multiple Myeloma was developed and written by Robert A. Kyle, Gary C. Yee, Mark R. Somerfield, Patrick J. Flynn, Susan Halabi, Sundar Jagannath, Robert Z. Orlowski, David G. Roodman, Patricia Twilde, and Kenneth Anderson.

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2. Attal M, Harousseau JL, Leyvraz S, et al: Maintenance therapy with thalidomide improves survival in multiple myeloma patients. Blood 108:3289-3294,